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Promotion and protection of the rights of children: follow-up to the outcome of the special session on children

Follow-up to the outcome of the special session of the General Assembly on children

Report of the Secretary-General

Summary

The present report assesses the steps taken in 2014 to achieve a world fit for children, highlighting the gaps in achievement as well as the strategic shifts necessary to achieve the unmet goals.

The report has been prepared in response to General Assembly resolution S-27/2, adopted at the twenty-seventh special session in 2002, and resolutions 58/282 and 61/272, in which the Assembly requested the Secretary-General to report regularly on progress made in implementing the Plan of Action included in the annex to the resolution entitled "A world fit for children".

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I. Introduction

1. The Declaration and Plan of Action entitled "A world fit for children" (resolution S-27/2, annex) was adopted by delegations from 190 countries at the special session of the General Assembly on children, which took place in 2002. The present report provides the thirteenth update on progress made in follow-up to the special session. Through "A world fit for children", Governments made a commitment to a time-bound set of goals for children and young people, with a particular focus on: (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating HIV and AIDS.

2. A commemorative plenary meeting on the commitments was held in 2007 to review the progress made in implementing the Declaration and Plan of Action. In General Assembly resolution 65/1, entitled "Keeping the promise: united to achieve the Millennium Development Goals", Member States further committed to accelerating progress towards achieving the Goals.

3. In 2014, the world celebrated the twenty-fifth anniversary of the Convention on the Rights of the Child, the milestone human rights treaty that has focused the world's attention on its most disadvantaged children. To mark the anniversary, a high-level meeting was organized by the United Nations to assess progress made and the remaining work required to enable children to fully realize their human rights. Member States, United Nations agencies and their partners pledged to work together to achieve better results for children, using innovative approaches to break down barriers and overcome bottlenecks that stand in the way of giving every child a fair chance in life.

4. Unprecedented progress for children has been made in recent decades. The number of children dying before their fifth birthday has fallen by more than half, from 12.7 million in 1990 to around 6 million in 2015. The percentage of underweight children under five years of age has declined from 25 per cent to 14 per cent over the same period. Maternal mortality has decreased dramatically, from 523,000 deaths in 1990 to 289,000 in 2013. Over 6.2 million malaria deaths were averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The number of out-of-school children of primary school age worldwide has fallen by almost half in 15 years, to an estimated 57 million in 2015, from 100 million in 2000. In 2015, 91 per cent of the global population is using an improved drinking water source, compared to 77 per cent in 1990.

5. However, persistent, and in many cases growing, inequality continues, depriving the poorest and most excluded children of services to which they are entitled. Worldwide, 2.4 billion people still lack access to improved sanitation facilities, and 960 million continue to practise open defecation in 2015. Globally, an estimated 35 million people were living with HIV in 2013, approximately 3.2 million of whom were children younger than 15 years of age.

6. Despite some progress for disadvantaged groups, gaps persist and in some cases have increased. Between approximately 1990 and 2010, the gap in global levels of child marriage between girls from the wealthiest versus the poorest quintiles increased dramatically. Although the proportion of adolescents with comprehensive and accurate knowledge about HIV has increased globally, among

the poorest wealth quintiles in sub-Saharan Africa, 83 per cent of girls and 75 per cent of boys still lack this information.

7. The scale of humanitarian crises was unprecedented in 2014. From deadly natural disasters to brutal conflicts and fast-spreading epidemics, children in many countries are facing a new generation of complex humanitarian crises. As many as 15 million children had their lives upended in 2014 by violent conflicts, including those in the Syrian Arab Republic and its neighbours, in the Central African Republic, Iraq, South Sudan, Ukraine and the State of Palestine. Almost 10 million children and young people under age 20, including 2.9 million children under five years of age, were living in countries affected by the Ebola epidemic at the end of 2014. Typhoon Haiyan, which hit the Philippines in late 2013, affected 14 million people, including 5.9 million children. As climate change deepens, natural disasters, such as floods, droughts and other environmental crises are expected to worsen, especially in the vulnerable areas home to many of the world's most marginalized families.

8. Global upheaval is also leading to more migration, with harmful consequences for the well-being and rights of a growing number of children and young people. The number of unaccompanied children under age 18 seeking asylum almost doubled in 2014, totalling 23,075, according to Eurostat. The number of unaccompanied children arriving in the United States from Central America and Mexico grew from around 6,000 in 2004 to more than 68,000 in 2014.

9. Those crises, whether in the headlines or hidden from view, are devastating for children in many ways. In addition to putting children's lives at risk, they aggravate malnutrition, increase the risk of disease outbreaks, close schools and increase child exploitation and abuse, including gender-based violence. While the achievements of recent decades have made the world a better place for many children, crises endanger the rights and well-being of millions, putting at risk years of hard-fought gains for children.

II. Follow-up to the General Assembly special session on children

A. Planning for children

10. The process of formulating and reaching consensus on the post-2015 agenda has been extraordinary in terms of both transparency and inclusion. The United Nations Development Group convened 11 global thematic groups, and nearly 100 national consultations were undertaken on the process of conceptualizing the road forward. When the sustainable development goals are launched at the United Nations Summit to Adopt the Post-2015 Development Agenda in September 2015, they will reflect the views of over 7 million stakeholders. National and global consultations included children and young people, persons with disabilities, indigenous and ethnic groups, people living in poverty and other marginalized groups.

11. Online consultations with children included "The World We Want 2015", a website co-facilitated by the United Nations system and civil society. A special space on the site was set up to bring the voices of children into the discussion of the

vision for the post-2015 world, and it received over 4,460 responses from children aged 8 to 18. As part of the Global Thematic Consultation on Addressing Inequalities, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Children's Fund (UNICEF) and partners convened a global, online discussion on how to address inequalities facing children and young people. The forum marked one of the first opportunities for young people around the world to engage virtually in the process to design the post-2015 development agenda.

12. Two major lessons from the Millennium Development Goals era emerged in those discussions: the importance of attention to inequalities and to consistent participation. It became clear that progress in achieving the Goals had often bypassed people who were very poor, those living in isolated rural areas, those living with disability, or members of indigenous groups and other marginalized communities. Stakeholders expressed the desire to see inequities addressed across all goals and targets of the new development agenda and called for disaggregation of data to monitor the progress of different income and social groups.

13. Member States have learned from the challenges of ensuring participation in the Millennium Development Goal era that engagement of children and youth is not a one-time activity. The next generation needs to be a part of societal decision-making in general and of the post-2015 process, specifically, as it moves from negotiation to implementation at the start of 2016. To support children as positive agents of change during this process, UNICEF has worked with non-governmental organizations to create learning materials to inform children and youth around the world about the new goals. The aim is to inspire them to take action. The World's Largest Lesson, for example, part of Project Everyone, plans to disseminate the new goals to children digitally through teachers and schools.

B. Promoting implementation of the Convention on the Rights of the Child

14. As of 21 April 2015, the Convention on the Rights of the Child had been ratified or acceded to by 194 States. The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict has been ratified by 159 States. The Optional Protocol on the sale of children, child prostitution and child pornography has been ratified by 169 States. Seventeen States have ratified the third Optional Protocol to the Convention, on a communications procedure.

15. At the high-level meeting in November 2014 marking the twenty-fifth anniversary of the Convention on the Rights of the Child, participants urged strongly for full reflection of children's rights in the post-2015 development agenda and beyond. They called for continued investment in the rights of all children, with explicit targets for reducing inequality, ending all forms of violence against children and combatting child poverty. Partnerships bringing together a wide variety of viewpoints will be critical for ensuring the success of the new agenda. As children have a unique perspective, they should be seen as essential stakeholders in such partnerships. The greatest efforts must be made to include the most marginalized and excluded children to ensure that their best interests are taken into account.

16. For indigenous children, the barriers of exclusion and discrimination are high. The Committee on the Rights of the Child has noted that the Convention on the Rights of the Child requires special attention to their rights. The World Conference on Indigenous Peoples, a high-level plenary meeting held in 2014 by the General Assembly, specifically addressed indigenous children. The signatories pledged to promote their rights to enjoy their culture, religion and language, as well as to support the empowerment and capacity-building of indigenous youth, including their participation in decision-making processes.

C. Collaborating with partners and leveraging resources for children

17. A decline in aid flows during the last years of the 20th century was reversed early in the new millennium. Net official development assistance from member countries of the Development Assistance Committee began increasing in 2000, reaching an all-time high in 2013. The value of total official development assistance has increased by 66 per cent in real terms since 2000. However, assistance to the poorest countries continued to fall, and was down 8 per cent in 2014 relative to 2013, when discounting for debt relief. DAC members provided a total of $135.2 billion in 2014, reflecting a small decline (0.5 per cent) in real terms compared to 2013. Net official development assistance represented 0.29 per cent of the gross national income of members of the Development Assistance Committee in 2014, down marginally from 2013.

18. Several key themes emerged in Global Programme Partnerships in 2014, including replenishment of resources, new strategies, new funding models and risk management. Engagement with those partnerships was set on a more strategic footing to improve leveraging power and increase funding. In 2014, the World Health Organization (WHO) and UNICEF convened global partners to develop action plans to end preventable newborn deaths, an approach endorsed by all 193 WHO Member States. Another achievement during the year was establishment of the Global Financing Facility in support of the Secretary-General's "Every woman, every child" movement. It aims to accelerate progress in improving the health and the quality of life of women, children and adolescents. The "All In" initiative to end adolescent AIDS, launched by UNICEF and the Joint United Nations Programme on HIV/AIDS (UNAIDS), includes in its leadership group the United States President's Emergency Plan for AIDS Relief, the United Nations Population Fund (UNFPA), WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, along with youth networks and MTV.

D. Monitoring progress

19. The multiple indicator cluster survey is a very powerful tool to monitor child outcomes. In the 19 years between the survey's inception in 1995 and 2014, almost 300 surveys have been undertaken in more than 100 countries. During the fifth round, which commenced in 2013, 54 surveys are being conducted in 45 countries. The data from most are being used for the final assessment of the Millennium Development Goals. Those data will also form the baselines for many of the sustainable development goals and targets.

20. The multiple indicator cluster survey has a new website — mics.unicef.org — that has greatly enhanced the accessibility of micro data and resources. It also provides a comprehensive overview of survey implementation status. Improvements have been made to the database, available at data.unicef.org, which is the most comprehensive statistical resource on children available to date.

21. Innovations in mobile technology have dramatically expanded real-time monitoring. In Rwanda, for example, the Rapid Short Message Service system is now used by 45,000 community health workers and is a core component of the national health system. Mobile/tablet computer applications are increasingly used to transmit messages to youth to increase their awareness of issues such as HIV testing.

22. A highly effective tool for focusing efforts on the most disadvantaged children is the Monitoring Results for Equity System, which tracks key bottlenecks that are impeding results. The system has been used in various development contexts to support country-led planning and monitoring processes at national and subnational levels. By providing frequent monitoring data from the field, supported by technological innovations where relevant, it is indispensable for making timely management decisions and improving accountability systems. Evidence gathering is also getting new support from guidance on frequent monitoring, jointly produced in 2014 by United Nations agencies. It will be piloted and disseminated in 2015.

E. Participation and self-expression of children

23. As acceptance has grown of the importance of meaningful participation by children, efforts to facilitate it have increased. Governments, United Nations agencies, non-governmental organizations and civil society are all part of the effort to facilitate children's self-expression and participation. Opportunities are being created for them to take part in consultative policy, budgeting and legislative development processes at the national and subnational levels. Platforms such as online social networks and short message service-based applications are being established that allow children to engage directly with decision-makers and express their needs. In some countries, for example, children have been involved in digital mapping efforts to identify and report on problems in their neighbourhoods.

24. However, full realization of children's participation rights has a long way to go. Such participation continues to be hampered by cultural and discriminatory attitudes and practices, and by political, legislative and economic barriers. This is especially the case in humanitarian and emergency situations.

25. The twenty-fifth anniversary of the Convention on the Rights of the Child provided a timely and meaningful opportunity for children to share their concerns and hopes for the future at both national and international levels. With support from United Nations agencies and partners, children expressed their views through the media, online campaigns, panel discussions and interaction with parliamentarians.

26. To ensure that children's participation is genuine and not token, new tools are being developed to improve monitoring and evaluation of children's self-expression and their participation in society. One of them is a guide for practitioners and children working in participatory programmes, produced in 2014 by UNICEF, Plan, Save the Children and The Concerned for Working Children. Also in 2014, the Child

Participation Assessment Tool was published by the Council of Europe Children's Rights Division and Youth Department. It provides specific and measurable indicators for measuring progress in implementing recommendations on participation by children and young people.

III. Progress in the four major goal areas

A. Promoting healthy lives

27. The 50 per cent reduction in deaths of children below the age of five since 1990 saves approximately 17,000 lives daily. Globally, the annual rate of reduction has more than tripled since the early 1990s. This accelerated progress has saved almost 100 million children below the age of five over the past two decades, including 24 million newborns.

28. Yet, this achievement was not sufficient to meet the Millennium Development Goal target of a two-thirds reduction in under-five mortality between 1990 and 2015. Between 1990 and 2013, a total of 223 million children worldwide died before their fifth birthday. Sub-Saharan Africa continued to shoulder the greatest burden — 1 in 11 children born in the region still die before the age of five. This is nearly 15 times the average of 1 in 159 children in high-income countries. Millions of children still lack access to quality care, immunizations and affordable life-saving commodities, such as antibiotics, oral rehydration salts and drugs to treat malaria. In 2013, pneumonia, diarrhoea and malaria accounted for about one third of all under-five deaths. Pneumonia alone was responsible for 13 per cent of all those fatalities.

29. More innovations are being scaled up to reach the poorest and most marginalized children with health interventions. For instance, more than two thirds of the countries in sub-Saharan Africa are now implementing integrated community case management for malaria, pneumonia and diarrhoea. Those programmes have been proved to help save children's lives, while also empowering women to access care for themselves and their children. However, one important intervention that is failing to reach many poor and marginalized children is birth registration. The coordination of health services with birth registration and data management systems remains inadequate.

30. Neonatal deaths account for 44 per cent of all deaths of children under five years of ago. In 2012, one in three babies, an estimated 44 million, entered the world without the help of a skilled health care provider. The services of a skilled professional are crucial to reducing neonatal deaths by providing clinical care to the mother, monitoring labour and detecting signs of danger in time to address them. Skilled attendance at birth also provides immediate care to the newborn and ensures that breastfeeding begins within minutes after birth. Evidence confirms that high-quality care around the time of birth, along with better care of small and sick babies, is the best approach for saving the lives of mothers and newborns and preventing stillbirths.

31. One way to ensure that such services are in place is for every country to have a national plan for newborn care. Since the adoption of the Every Newborn Action Plan at the World Health Assembly in 2014, at least four countries have finalized

such plans (Ghana, India, Indonesia and Pakistan). Five additional countries have sharpened their reproductive, maternal, newborn and child health plans as part of the *A Promise Renewed* process (Namibia, the Philippines, Rwanda, Uganda and United Republic of Tanzania).

32. A key part of saving lives is timely immunization. By the end of 2014, 129 countries had reached at least 90 per cent national coverage for measles and diphtheria/tetanus/pertussis immunization for children under one year of age. Among 59 target countries, 35 have eliminated maternal and neonatal tetanus as of the end of 2014. An additional 14 million women of reproductive age received tetanus vaccinations in seven countries. Fifteen countries have strengthened national immunization supply chain systems through the effective vaccine management approach.

33. Eradication of polio remains a global priority. In 2014, 66 countries took a step towards ensuring a polio-free world by switching from oral to inactivated polio vaccines, which are delivered through the routine immunization programme. Seven countries have now completed introduction of the inactivated vaccine. Although the total number of polio cases fell from 416 in 2013 to 359 in 2014, insecurity led to more cases in Afghanistan and Pakistan. The biggest polio success story is Nigeria, where the number of cases fell from 53 in 2013 to 6 in 2014. This decline in polio cases moved the country closer to the goal of being declared polio-free in 2015.

34. Out of 7 million votes received for "MY World" in a global survey of citizens led by the United Nations and its partners, health was ranked as the second priority for the post-2015 agenda. Several initiatives support this priority, including the updated "Every woman, every child" movement and the Secretary-General's Global Strategy for Women's and Children's Health. These will focus on helping countries to reach equitable achievement of health targets, with measurable results for children, especially the most marginalized. Under the banner of *A Promise Renewed*, launched in June 2012, approximately 60 countries are taking actions. Those actions include sharpening national health strategies, announcing costed targets, and mobilizing civil society around the movement's goals. In 2014, five countries launched national scorecards to monitor progress and strengthen strategies to improve the health and well-being of women, newborns, children and adolescents.

35. Global health partnerships, including the Partnership for Maternal Newborn and Child Health, the Diarrhoea and Pneumonia Working Group, the Roll Back Malaria Partnership and Every Mother Every Newborn, continue to drive policy change and action. In 2014, 62 of 75 priority countries for Countdown to 2015 had costed implementation plans for maternal, newborn and child health care, up from 52 in 2013. Forty three countries had developed, budgeted and implemented a maternal, newborn and child health communication plan.

36. Various forms of undernutrition are persistent obstacles to the healthy development of children. Globally, in 2013, one in four children under age the age of five were stunted (too short for their age). Stunted growth remains pervasive and is challenging to overcome; yet, progress is being made. Between 2000 and 2013, the global prevalence of stunted growth declined, from 33 per cent to 25 per cent, and the number of children affected fell from 199 million to 161 million. In 2013, about half of all children with stunted growth lived in Asia and over one third in Africa. Inadequate quality and frequency of the feeding of infants and young child

is a major contributor: globally, less than 40 per cent of infants are exclusively breastfed, and less than half benefit from breastfeeding within the first hour after birth.

37. An estimated 51 million children under the age of five were wasted (low weight for height) in 2013, and 17 million were severely wasted. Approximately two thirds of all wasted children live in Asia and almost one third in Africa. Other nutrition issues that impede the growth and development of children are vitamin A deficiency (affecting an estimated 190 million children) and anaemia (affecting 273 million). Anaemia also afflicts 38 per cent of pregnant women and 29 per cent of non-pregnant women. Its prevalence is highest in sub-Saharan Africa and South Asia.

38. In order to address those challenges, the global nutrition community is unifying behind the Scaling Up Nutrition movement, which brings together Governments, civil society, businesses and citizens. It supports nationally driven processes to reduce the stunting of growth and other forms of malnutrition. In 2014, 54 countries were members of the movement, which concentrates on exclusive breastfeeding, food fortification, micronutrient supplementation and treatment of severe malnutrition. The movement also addresses other determinants of nutritional status, such as clean water, sanitation, health care, social protection, a stimulating environment and empowerment of women. Partners are the United Nations system network for the movement, the United Nations system's Standing Committee on Nutrition and the United Nations Reproductive, Educative and Community Health programme.

39. Among 63 countries with sufficient comprehensive data since 2005, 51 have posted gains in exclusive breastfeeding rates, and 17 experienced an increase of 15 percentage points or more. Five additional countries maintained an exclusive breastfeeding rate of at least 50 per cent. Those numbers prove that substantial improvement can be made and sustained when comprehensive strategies are scaled up for broad access. However, one third of infants aged from six to eight months are not benefiting from timely introduction of complementary foods, putting at risk their growth and development.

40. Children in three quarters of households globally consume adequately iodized salt, protecting them from brain damage related to iodine deficiency. However, consumption is not uniform across regions. Only 59 per cent of households in sub-Saharan Africa consume adequately iodized salt, for example, compared with over 86 per cent in East Asia and the Pacific.

41. For women of childbearing age, flour fortification remains an important tool to prevent birth defects (with added folate) and anaemia (with added iron). Currently, 81 countries require fortification of industrially milled wheat flour, and 12 countries have legislation that mandates fortification of maize products. Globally, 30 per cent of the world's industrially milled wheat flour and 48 per cent of industrially milled maize flour is fortified with at least iron or folic acid. Home fortification using micronutrient powders is a relatively new solution, and is a promising tool to raise iron levels and improve diet quality among young children. Home fortification reached an estimated 2.9 million children in 43 countries in 2013. Further scale-up efforts are ongoing in numerous countries.

42. Integrated child health events continue to assure high coverage of vitamin A supplementation in developing countries. Globally, 65 per cent of children aged from 6 to 59 months were fully protected with the needed two annual doses of vitamin A in 2013.

43. Between 1990 and 2012, 2.3 billion people gained access to a source of improved drinking water. More than half the world's population (an estimated 56 per cent) now has access to piped drinking water on premises, the highest service level. However, although the world met the Millennium Development Goal target for access to drinking water in 2010, 40 countries are not on track to meet it by 2015. This leaves 748 million people who lack access to improved drinking water, and challenges remain with regard to maintaining its safety and sustainability.

44. Over the same period, 1990 to 2012, almost 2 billion people gained access to sanitation, and open defecation was reduced from 24 per cent to 14 per cent globally. However, 2.5 billion people still lack access to improved sanitation facilities, and 1 billion of them practise open defecation. In Asia, and in Latin America and the Caribbean, the number of people practising open defecation has been declining steadily, but it continues to increase in 26 countries in sub-Saharan Africa.

45. While disparities in access to water and sanitation facilities have been reduced in some areas, significant geographic and socioeconomic inequalities remain. For example, of the 1.6 billion people who acquired access to piped water on premises, 72 per cent live in urban areas. Reliance on untreated surface water is now largely a rural phenomenon: It is estimated that 90 per cent of the global population who obtain water from such sources lives in rural areas. Similarly, 70 per cent of the population without access to improved sanitation lives in rural areas, along with 90 per cent of the population practising open defecation.

46. In 2014, early child development became a concrete part of the global development agenda. The report of the Secretary-General on the road to dignity by 2030 (A/69780) presents early childhood development as part of the transformative agenda to achieve the sustainable development goals. Advocacy and global awareness activities have contributed to this result. Integrating early child development into the sustainable development agenda will help Governments to build up their health, education and protection systems. It will also lead to the formulation and provision of guidance and tools on finance, means of implementation, and tracking and monitoring of results on realizing children's right to development.

47. In recent years, evidence and awareness have grown about the importance of early brain development as the foundation for not just children's development but also lifelong health, learning and well-being. In 2014, UNICEF hosted a symposium on this topic, "Missing Linkage: Understanding the Multiple Influences on Brain Development". The symposium provided information on the importance of the first years of life and the influential role of child protection, nutrition, health and education.

B. Providing quality education

48. The target of universal primary education articulated in Millennium Development Goal 2 was missed by a wide margin. In 2015, nearly 58 million children of primary school age were denied their right to basic education, as were an additional 63 million children of lower secondary school age.

49. Remarkable progress between 1999 and 2012 led to a steep drop in the global number of out-of-school children, from 106 million to 58 million. Since 2012, progress has stagnated. In West and Central Africa alone, more than one quarter of children (19 million) remain out of school. So, too, do 10 million children in South Asia. Progress has been impeded by poverty, demographic pressures and disadvantages based on gender, socioeconomic status, disability, culture and traditions.

50. Notably, the greatest gains in primary school attendance have been among children from the poorest households. This increase has narrowed the disparity between rich and poor children. Nevertheless, the gap in access between wealthy and poor remains large in a number of countries. In West and Central Africa, for example, children from the poorest households are on average nearly six times more likely to be out of school as those from the wealthiest.

51. Children's access to quality preschool education remains a key strategy to facilitate their entrance to school at the right age, to keep them in school and to ensure that they learn. Worldwide enrolment in pre-primary schooling rose by 64 per cent between 1999 and 2012. Girls accounted for 49 per cent of the increase and around half of pre-primary enrolment in 2012, which totalled 184 million children, compared with 112 million in 1999. The major challenges in raising this number are: (a) half the children aged from three to six years remain unreached; (b) progress has been unevenly distributed geographically, with only 18 per cent of children reached in sub-Saharan Africa; (c) there is a yawning gap in enrolment rates between rich and poor children owing to limited provision of schools by governments; and (d) private pre-primary education is unaffordable for many families.

52. Gender disparity in primary education has been substantially reduced since 1999, but not eliminated. Only 69 per cent of countries achieved the 2015 target of eliminating gender disparity in primary education, and 48 per cent of countries in secondary education. Most of the disparity occurs at the expense of girls. Girls from poor households are especially vulnerable to being marginalized: in many cases gender disparity in primary school completion remains far wider among the poorest children than the richest.

53. Globally, the rate of completion of lower secondary education increased by 66 per cent in low- and middle-income countries between 1990 and 2011. Most of the progress took place in East Asia and the Pacific, where rates doubled to 99 per cent. In contrast, the completion rate is just 26 per cent in sub-Saharan Africa. Gender disparity is particularly acute at the lower secondary level: only about 56 per cent of countries are expected to achieve gender parity in lower secondary education by 2015. For girls, the transitions from primary to lower secondary and from lower to upper secondary school are particularly challenging.

54. A large proportion of children with disabilities remains out of school. Estimates suggest, for example, that almost half of the children with mental disabilities in India are out of school. Undercounting of children with disabilities is a major impediment to improving their access to education. The result is a lack of opportunities to lead a fulfilling life. Inclusive policies piloted in countries in sub-Saharan Africa have led to progress on improving national-level data collection and involving communities, parents and the children themselves. The objective is to provide sustainable, locally relevant solutions and to foster a social model of inclusion.

55. Providing quality education and ensuring that continued learning takes place has proved to be an enormous challenge in achieving education for all. Out of around 650 million children of primary school age, as many as 250 million are not learning basic literary skills, although over half those children have spent at least four years in school. Children from the wealthiest households are far more likely to achieve minimum learning standards than those from the poorest. However, recent estimates predict that if all students in low-income countries left school with basic reading skills, 171 million people could be lifted out of poverty. This would be equivalent to a 12 per cent reduction in global poverty.

56. While there are many factors that serve as impediments to learning, the lack of appropriate standards and tools to identify, measure and promote learning is a major challenge. Teachers and policymakers need relevant data if they are to implement appropriate strategies to improve each child's learning. Global progress in measuring learning outcomes has been uneven, and in some important domains, learning metrics are lacking. Increasing use of assessments is advocated by a growing movement, supporting evidence-informed policy and practice in education as well as other fields. By 2014, more than 20 countries had conducted early grade reading and math assessments, with the support of several bilateral agencies and UNICEF. In developing countries, the number of national assessments conducted rose from 35 in 1999 to 64 in 2013. This narrowed the global disparity in participation in assessments.

57. One of the major barriers to improving children's learning is discrimination based on ethnicity or language spoken at home. Research has found wide gaps in education participation and attainment between the majority population, which often speaks the dominant language, and ethnic minorities, or indigenous groups, who speak other languages. Several approaches introduced in Latin America have had a major impact. They include the adoption of a national language policy that demands respect for indigenous languages and the establishment of a ministry for multilingual policy, bilingual teacher training colleges and primary-level bilingual education.

58. Conflict accounts for one third of the people living in extreme poverty and for over half of global child mortality. In 2013, the number of refugees and internally displaced persons grew to 51.2 million, the highest number since the Second World War. Half of those who were forcibly displaced are children. United Nations agencies mounted a robust response to serve the millions of children who lost access to school because of emergencies, including the 5 million children kept out of the classroom by the Ebola outbreak in West Africa. UNICEF reached 8.6 million children in humanitarian situations with formal and non-formal education.

59. Conflict brings increased risk of gender-based violence against children and devastates education. The proportion of children out of school in those countries increased from 30 per cent in 1999 to 36 per cent in 2012. United Nations agencies have supported the establishment of community-based mechanisms to prevent and respond to gender-based violence as well as teacher training on gender sensitivity in conflict-affected areas. Working with partners, United Nations agencies have supported Nigeria, Pakistan, South Sudan, the Syrian Arab Republic and the State of Palestine in tackling violence against children in schools.

60. Budget allocations per child by Governments still do not adequately reflect the costs of delivering quality education to all children, including the most marginalized. Disparities in access need to be related to lack of equity in distribution of public resources. To shift education spending in favour of underserved children, some Governments have introduced funding mechanisms that allocate more resources to parts of the country or groups of schools where educational deprivation and inequality are highest.

61. Various initiatives have been working towards the achievement of equitable, high-quality education for all. The Global Partnership for Education has been crucial in mobilizing political support and resources and organizing partners. In 2014, a replenishment event mobilized $2.1 billion for the partnership from donor partners. Governments have promised an additional $26 billion in domestic resources to increase their education funding. The United Nations Girls' Education Initiative has also contributed to advancing girls' education and gender equality in education worldwide through policy advocacy, knowledge sharing and communication.

C. Protecting against abuse, exploitation and violence

62. Violence, exploitation and abuse are universal, and attention to this persistent challenge to the rights of children continues to gain traction, including through deliberations on the sustainable development agenda. A number of the global summits that were convened during the year resulted in Government commitments and pledges of resources, notably the Global Summit to Prevent Sexual Violence in Conflict; the Girl Summit, which focused on child marriage and female genital mutilation/cutting; and the Summit on Online Sexual Exploitation of Children. Two documents were released by UNICEF to coincide with the launch of the second phase of the #ENDViolence against children initiative: "Hidden in Plain Sight: A statistical analysis of violence against children" and a companion document, "Ending Violence against Children: Six strategies for action". "Hidden in Plain Sight" is the largest-ever compilation of data on the subject of violence against children.

63. The strengthening of child protection systems remains integral to global development work. By the end of 2014, 137 countries had worked to enhance those systems, compared with 104 in 2013. This work encompassed efforts to improve the capacity of the social welfare work force, as well as standard-setting and budgeting for the protection of children from violence, exploitation, abuse and neglect. As of 2014, this has resulted in the development in 58 countries of an alternative care policy in line with the 2009 Guidelines for the Alternative Care of Children. In

addition, corporal punishment had been prohibited in the home in 44 countries, compared with 26 in 2013.

64. Efforts also continued towards the full achievement of free and universal birth registration. An additional seven countries began providing such services in 2014, bringing the total to 114 countries. Through support from UNICEF, the births of approximately 14.6 million children were registered during the year.

65. Working to eliminate child labour, more than 90 per cent of Member States of the International Labour Organization have ratified the Worst Forms of Child Labour Convention (No. 182) and the Minimum Age Convention (No. 138). In 2014, UNICEF supported a range of interventions to combat child labour in 55 countries, reaching almost 4.5 million children. The International Labour Organization undertook advocacy on child labour through the World Day against Child Labour. In 2014, it focused on the role of social protection in keeping children out of child labour and removing them from it. Activities of the organization's International Programme on the Elimination of Child Labour focus increasingly on the provision of policy support and technical advisory services. During the biennium 2012-2013, 95 Member States received assistance and advisory services.

66. The UNFPA/UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting entered its sixth year. Recommendations from the management response to its 2013 global evaluation are shaping the second phase, covering 2014 to 2017. In 2014, over 23,000 girls and women in 17 countries received services as a result of the programme. Notably, 1,007 communities across 13 countries publicly declared their abandonment of female genital mutilation/cutting through support from the joint programme. Recognizing the important role of young people in efforts to protect themselves and future generations, youth campaigns in four countries mobilized over 20,000 youth to call for an end to the practice.

67. Building on major efforts in 2013 to end child marriage, work advanced on creating a global programme. Eighteen countries with medium to high prevalence of child marriage have national strategies or plans, and five of them are costed. In 2014, Member States of the United Nations adopted substantive resolutions on ending child marriage in the General Assembly and the Human Rights Council. In July 2014, the Government of the United Kingdom of Great Britain and Northern Ireland and UNICEF convened the Girl Summit, which elicited commitments from 26 Governments. Governments of several high-prevalence countries joined the 12-country Global Programme to Accelerate Action to End Child Marriage. Globally, several partners are working to advocate for inclusion of a target on child marriage in the gender equality goal of the sustainable development goals. The partners include UNICEF, UNFPA, UN-Women and the Girls Not Brides alliance.

68. UNICEF responded to the protection needs of children in 73 countries affected by armed conflict and natural disasters, including three large-scale (Level 3) emergencies. About 3.1 million children received psychosocial support and access to child-friendly spaces. More than 33,000 unaccompanied and separated children in 22 crisis-affected countries were placed in alternative care, and almost 12,000 were reunified with families or caregivers. Over 10,000 children were released by armed forces/armed groups. More than 432,000 children, primarily girls and women, received some form of multisectoral support services in relation to gender-based violence, exploitation and abuse across 35 countries.

69. In order to address the needs of the increasing number of young children living in emergency contexts, efforts to support humanitarian programmes were increased during the year. An early childhood development kit was created for young children and their caregivers in conflict and post-conflict situations. It has reached over 4 million children, helping them gain a sense of normalcy and safety. In support of programming, guidance and tools were developed to strengthen the effectiveness of early childhood development interventions in crisis and post-crisis contexts in over 60 countries.

D. Combating HIV and AIDS

70. Strategic investments in the response to HIV and AIDS continue to generate concrete results, fuelling optimism about ending the epidemic by 2030. According to data collected in 2013, 35 million people [33.2 million-37.2 million] worldwide were living with HIV, 3.1 million of whom were children under the age of 15. New HIV infections in 2013 were estimated at 2.1 million [1.9 million-2.4 million], 38 per cent lower than in 2001. In the eight years between the epidemic's peak, from 2005 to 2013, the number of AIDS-related deaths fell by 35 per cent, to 1.5 million [1.4 million-1.7 million].

71. Globally, more than 1 million new paediatric HIV infections have been averted by prevention of mother-to-child transmission programmes since 2005. Between 2009 and 2013, new HIV infections among children were reduced by 40 per cent, surpassing the achievements of the entire previous decade. The extraordinary pace of progress in reducing new infections among children was supported by a technical partnership between Governments and the 36 organizations in the Inter-Agency Task Team, co-convened by UNICEF and WHO. The task team provided the knowledge base for the "Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive". It places the primary focus for support on the 22 countries that account for 90 per cent of new paediatric HIV infections.

72. An important area of progress has been the increase in the proportion of pregnant women living with HIV who receive antiretroviral medicines to prevent mother-to-child transmission. The percentage more than doubled between 2009 and 2013, from 33 to 68 per cent, in the 22 priority countries. In 2012, UNICEF led advocacy efforts to offer treatment to all pregnant and breastfeeding women living with HIV. The objective was to put the health of mothers first in efforts to eliminate mother-to-child transmission. By the end of 2014, all 22 priority countries had shifted their policies to this approach. In 2013, 100,000 more pregnant women received antiretroviral treatment compared with 2012.

73. Despite the continuing progress in combatting HIV and AIDS, disparities and inequities persist for children under the age of five, pregnant women, mothers and adolescents. At the end of 2013, only 23 per cent of infected children were receiving antiretroviral therapy worldwide, compared with 38 per cent of infected adults. AIDS is now the leading cause of death among adolescents in Africa and the second most common cause of death among adolescents globally. In 2013, 120,000 [100,000-130,000] adolescents died of AIDS-related illnesses. AIDS also remains the leading cause of death among women of reproductive age (15-49) globally. Despite substantial progress in reducing mother-to-child transmission of HIV, data

from the most recent year (2013) indicate that progress may be stalling in some countries.

74. AIDS mortality and rising rates of HIV infection among adolescents are of significant concern. Nearly two thirds of new HIV infections among adolescents are in girls aged 15-19, primarily in Eastern and Southern Africa. In 2013 alone, HIV claimed the lives of 120,000 adolescents aged 10-19. That amounts to more than 300 deaths every day. The key populations most at risk of HIV infection are gay and bisexual boys, transgender adolescents, boys and girls who are subject to sexual exploitation, and those who inject drugs. Many are never diagnosed because they fear legal and social repercussions if they seek information, enter prevention programmes or get tested.

75. To respond to the treatment gap among children and adolescents, the President's Emergency Plan for AIDS Relief, in partnership with the Children's Investment Fund Foundation, launched the Accelerating Children's HIV/AIDS Treatment Initiative in 2014. It provided 300,000 additional children with access to antiretroviral treatment in 10 sub-Saharan countries. In its work to redress maternal and child health/HIV-related inequities, UNICEF, WHO and the Elizabeth Glaser Paediatric AIDS Foundation are promoting the Double Dividend framework. It focuses on integrating HIV testing and provision of antiretroviral therapy with nutrition, immunization and child health services.

76. In June 2014, UNICEF and UNAIDS joined forces at a high-level event at the United Nations General Assembly aimed at ending adolescent AIDS. It plans to help countries develop strategies to mobilize all sectors in the response. This initiative established a new platform — ALL IN #EndAdolescentAIDS — and set targets of a 65 per cent reduction in AIDS-related deaths and a 75 per cent reduction in new HIV infections among adolescents by 2020. It focuses on 25 lead countries that represent all regions of the world.

77. Exemplifying the commitment to adolescents, the United States Department of State, through the President's Emergency Plan for AIDS Relief, along with the Bill & Melinda Gates Foundation and the Nike Foundation, have partnered to establish Determined, Resilient, AIDS-free, Mentored, and Safe (DREAMS). This initiative aims to reduce new HIV infections in adolescent girls in up to 10 countries.

78. Addressing the needs of key adolescent populations is critical to the goal of ending AIDS. Efforts with civil society organizations representing people living with HIV and key populations, for example in Brazil, Indonesia and Ukraine, have focused on expanding Government access to HIV testing and follow-up services. This drives equitable responses to reach key affected adolescent populations.

79. In settings with low and concentrated HIV epidemics, stigma and discrimination remain pervasive, especially towards key affected populations. HIV-sensitive social protection support provided by Governments, as demonstrated by the Barefoot Social Worker project of the Ministry of Social Affairs of China, helps to alleviate poverty and the impact of HIV on households. The achievement of an AIDS-free generation requires addressing the social and economic factors that continue to fuel the HIV epidemic. Inequity, exclusion, poverty, violence and stigma increase risk, hamper resilience and compound the impact of the epidemic. UNICEF and its partners are investing in social protection, care and support systems to improve the access, reach and use of proven high-impact biomedical interventions

to reduce HIV-related morbidity and mortality and new infections. Those collective investments will also mitigate the impacts of HIV and enhance the quality of life for children and adolescents who are infected and affected.

80. Gender inequality, child marriage, age-disparate sexual relationships and intimate partner violence are factors that raise girls' risk of acquiring HIV. Condom use remains persistently low. Intimate partner violence is alarmingly high among adolescent girls in many countries with high prevalence of HIV. In a survey covering 16 high-prevalence countries, in 9 countries more than one in three adolescent girls had experienced intimate partner violence within the 12 months preceding the survey. In six of the countries, Cameroon, Haiti, India, Malawi, Namibia and Zimbabwe, prevalence of intimate partner violence was higher among adolescents aged 15 to 19 than among women aged 20 to 49.

81. At a Global Partners Forum held during the 2014 International AIDS Conference, a "call to action" focused on scaling up social protection interventions for vulnerable children and their families to improve HIV outcomes. This includes access to treatment and prevention services. A programme to implement long-term HIV-sensitive social protection has demonstrated that household child support grants received before age five were associated with significant reductions in risky behaviours among adolescents and increases in protective behaviour, continuing even 15 years later. Economic and psychosocial support are particularly important in sub-Saharan Africa, where most of the 18 million children orphaned by AIDS live. The right to high-impact, life-saving HIV prevention, treatment and care is universal — it cannot be abrogated by age, poverty, gender inequality or social status.

IV. Ways forward

82. The sustainable development goals will guide global development efforts through 2030. Those goals, which build on the progress engendered by the Millennium Development Goals, are more ambitious and broader, covering all aspects of sustainable development. Eleven of the 17 goals are especially relevant for children. The fifteenth anniversary of "A world fit for children", in 2017, presents an opportunity to take stock and discuss ways in which the post-2015 development agenda can pay particular attention to reducing inequality among children and increasing their participation in matters that affect their well-being. At this moment of transition, the global community has a unique opportunity to address barriers that continue to exclude many children from progress and to invest in realizing the rights of all children. The ultimate goal is a world fit for children.

83. Member States recognize that genuine and lasting engagement by children and young people is imperative for attaining sustainable results. As implementation of the new development agenda begins at the start of 2016, it must be translated into firm commitments. Collaboration among partners from every sector will be critical in ensuring the success of the agenda. The global mobilization effort that contributed to the preparation of the sustainable development goals, if maintained, will continue to galvanize the commitment of the world to the realization of the rights of all children everywhere.